

Agency Position Summary

552 Regular Positions (1) / 480.26 Regular Staff Years (1.0)
24 Grant Positions / 23.13 Grant Staff Years
576 Total Positions (1) / 503.39 Total Staff Years (1.0)

Position Detail Information

DIRECTOR OF HEALTH SERVICES

- <u>1</u> Director
- 1 Position
- 1.0 Staff Year

ADMINISTRATIVE AND SUPPORT

SERVICES

- Director of Nursing Svcs.
- 1 Office Service Manager I
- 1 Secretary III
- 2 Clerical Specialists
- 5 Positions
- 5.0 Staff Years

HEALTH SUPPORT SERVICES

- 1 P.H. Laboratory Director
- 2 P.H. Lab Supervisors
- 7 P.H. Lab Technologists
- 1 Public Health Lab Asst.
- 1 Office Service Manager I
- 1 Pharmacist
- 2 Clerical Specialists
- 15 Positions
- 15.0 Staff Years

ENVIRONMENTAL HEALTH SERVICES

- 1 Director of Environ. Health
- 2 Environmental Health Program Managers
- 4 Environ. Health Suprvs.
- 11 Environ. Health Specialists III
- 33 Environ, Health
 - Specialists II
- 1 Office Service Mgr. II
- 7 Clerical Specialists
- 1 Supervisory Clerk
- 1 Secretary II
- 1 Data Entry Operator II
- 62 Positions
- 62.0 Staff Years
- PT Denotes Part-Time Positions
- () Denotes New Positions
 The details of the agency's

FAMILY PLANNING SERVICES

- 3 Public Health Nurses II
- 1 Human Service Worker II
- 1 Clerk Typist II
- 5 Positions
- 5.0 Staff Years

DENTAL HEALTH SERVICES

- 3 Public Health Dentists I
- 1 Clerical Specialist
- 4 Positions
- 4.0 Staff Years

GENERAL MEDICAL SERVICES

- 1 Public Health Doctor
- 2 Comm. Health Specialists
- 6 Spv. Public Health Nurses
- 11 Public Health Nurses III
- 25 Public Health Nurses II
- 1 X-Ray Technician
- 2 Office Svc. Managers III
- 4 Clerk Typists II
- 3 Clerks II
- 4 Clerical Specialists
- Management Analyst IV
- 2 Management Analysts II
- 2 Account Clerks II
- Administrative Aide
- 1 Secretary II
- Secretary I
- 7 Social Workers II (1)
- 1 Human Service Worker II
- 2 Speech Pathologists II
- 1 Data Entry Operator I
- 1 Asst. Director of Nursing
- 79 Positions (1)
- 79.0 Staff Years (1.0)

MATERNAL AND CHILD HEALTH SERVICES

- 3 Public Health Doctors
- 1 Asst. Director of Nursing
- 7 Sprv. Public Health Nurses
- 15 Public Health Nurses III
- 85 P.H. Nurses II, 21 PT
- 1 Eligibility Supervisor
- 1 Physical/Occupational
 - Thorony Supervisor
 - Therapy Supervisor Physical Therapist II
- Physical Therapist II
 Speech Pathologists II
- 2 Audiologists II
- 3 Office Svc. Managers III
- 1 Clerk II
- 6 Clerical Specialists
- 7 Clerk Typists II
- 2 Data Entry Operators II
- 1 Data Entry Operator I
- 1 Account Clerk II
- 4 Human Service Workers II
- 1 Secretary I
- 1 Human Services Assistant
- 147 Positions
- 144.7 Staff Years

CLINIC ROOM AIDES

184 Clinic Room Aides, PT

184 Positions

114.56 Staff Years

ADULT DAY HEALTH CARE CENTERS

- 1 Supervising Public Health Nurse
- 5 Public Health Nurses III
- 5 Public Health Nurses II
- 5 Account Clerks II
- 18 Home Health Aides5 Senior Center Assistants
- 5 Recreation Specialists II
- 44 Positions
- 44.0 Staff Years

AIR POLLUTION CONTROL

- Environmental Health Spvr.
- 1 Environmental Health Spec. III
- 3 Environmental Health Specs. II
- 1 Clerical Specialist
- 6 Positions
- 6.0 Staff Years

Agency MissionTo promote and protect the health and environment of all people through leadership and provision of services within its communities.

	A	gency Sumi	mary		
		FY 2001	FY 2001	FY 2002	FY 2002
	FY 2000	Adopted	Revised	Advertised	Adopted
Category	Actual	Budget Plan	Budget Plan	Budget Plan	Budget Plan
Authorized Positions/Staff Yea	irs				
Regular	535/ 452.78	551/ 468.78	551/ 479.26	559/ 487.26	552/ 480.26
Expenditures:					
Personnel Services	\$20,127,226	\$22,323,133	\$22,323,133	\$24,012,154	\$23,929,511
Operating Expenses	11,245,598	11,788,414	12,295,242	12,879,107	12,823,503
Capital Equipment	439,337	315,870	394,297	105,218	87,998
Subtotal	\$31,812,161	\$34,427,417	\$35,012,672	\$36,996,479	\$36,841,012
Less:					
Recovered Costs	(\$94,575)	(\$103,257)	(\$103,257)	(\$101,815)	(\$102,712)
Total Expenditures	\$31,717,586	\$34,324,160	\$34,909,415	\$36,894,664	\$36,738,300
Income/Revenue:					
Elderly Day Care Fees Elderly Day Medicaid	\$566,867	\$722,221	\$611,341	\$672,475	\$672,475
Services Falls Church Health	102,098	110,837	110,837	12,921	12,921
Department	129,514	123,250	132,100	134,750	134,750
Fairfax City Contract	449,364	463,092	521,001	549,505	549,505
Licenses, Permits, Fees	2,468,005	2,653,669	2,566,189	2,588,949	2,588,949
State Reimbursement	7,759,286	7,350,192	7,931,294	7,931,294	7,931,294
Air Pollution Grant	68,850	68,850	68,850	68,850	68,850
Total Income	\$11,543,984	\$11,492,111	\$11,941,612	\$11,958,744	\$11,958,744
Net Cost to the County	\$20,173,602	\$22,832,049	\$22,967,803	\$24,935,920	\$24,779,556

	Sumr	mary by Cos	st Center		
		FY 2001	FY 2001	FY 2002	FY 2002
	FY 2000	Adopted	Revised	Advertised	Adopted
Category	Actual	Budget Plan	Budget Plan	Budget Plan	Budget Plan
Administration and Support					
Services	\$771,802	\$856,401	\$1,073,581	\$1,157,623	\$1,161,434
Dental Health Services Environmental Health	432,642	433,722	466,294	439,953	443,680
Services	3,276,675	3,682,874	3,784,129	4,150,975	4,107,279
Family Planning Services	165,660	200,841	200,121	192,768	194,593
General Medical Services	12,627,748	12,637,676	13,016,208	13,168,473	13,212,339
Health Support Services Maternal And Child Health	1,780,862	1,852,808	1,929,754	1,961,882	1,916,649
Services	7,654,473	9,007,244	8,544,758	9,683,474	9,504,122
Clinic Room Aides	3,324,014	3,690,690	3,950,938	3,931,453	3,970,674
Adult Day Health Care					
Centers	1,372,146	1,673,481	1,668,223	1,892,072	1,909,193
Air Pollution Control	311,564	288,423	275,409	315,991	318,337
Total Expenditures	\$31,717,586	\$34,324,160	\$34,909,415	\$36,894,664	\$36,738,300

Board of Supervisors' Adjustments

The following funding adjustments reflect all changes to the <u>FY 2002 Advertised Budget Plan</u>, as approved by the Board of Supervisors on April 30, 2001:

- The 1.0 percent cost-of-living adjustment approved by the Board of Supervisors, and previously held in reserve, has been spread to County agencies and funds. This action results in an increase of \$235,629 to the Health Department. This amount consists of an increase of \$236,526 in Personnel Services and an increase of \$897 in Recovered Costs.
- A net decrease of \$391,993 as part of the \$15.8 million Reductions to County Agencies and Funds approved by the Board of Supervisors. This reduction includes a decrease of \$28,639 in professional development training as well as \$231,850 from the elimination of additional public health nurses, \$77,035 from the elimination of a new position to support health component of the blight program, and \$54,469 from the elimination of a new community educator position. The net reduction results in a decrease of \$319,169 in Personnel Services, \$55,604 in Operating Expenses and \$17,220 in Capital Equipment.

The following funding adjustments reflect all approved changes to the FY 2001 Revised Budget Plan from January 1, 2001 through April 23, 2001. Included are all adjustments made as part of the FY 2001 Third Quarter Review:

 Net savings of \$279,600 primarily in Operating Expenses are associated with the Close Management Initiatives program. These savings are now available for reinvestment in other County initiatives.

County Executive Proposed FY 2002 Advertised Budget Plan

Purpose

The agency has four core functions as the foundation upon which service activities are based:

- 1. Prevent epidemics and the spread of disease;
- 2. Protect against environmental hazards;
- 3. Promote and encourage healthy behaviors; and
- 4. Assure the quality and accessibility of health services.

The control of communicable diseases involves services ranging from restaurant inspections (food borne illnesses) to directly observed therapy for active tuberculosis patients (air-borne illnesses) to investigation of reportable diseases. An integral component of all agency activities is education to promote healthy behaviors whether it is education of food handlers, teaching about HIV/AIDS, classroom instruction in the schools or one-on-one teaching/counseling with a new mother or pregnant woman. Over the past several years as collaborative efforts have increased and more public/private partnerships have been established the Department has emphasized the function of assuring quality and accessibility for health care. The Nation's Health Objectives, recently revised for 2010, guide Goals, Objectives and Performance Measures reflected in each of the cost centers.

Key Accomplishments

- Developed and initiated implementation of agency-wide Total Quality Improvement Program.
- Redesigned clinical services to improve accessibility, flexibility and efficiency.

- Developed program audit tools and conducted audit of all Patient Care Services.
- Achieved 100 percent completion of treatment for active tuberculosis patients through increased use of directly observed therapy.
- Implemented the first phase of an Oral Rabies Wildlife Vaccination Pilot Program.
- Initiated a new environmental health information system (SWEEPS) for documenting and tracking food service establishments.
- Initiated a high technology tool to collect real time analysis of water quality.
- Developed and implemented a policy concerning the use of technology (peat biofilter systems) as a method of onsite sewage disposal.
- Developed educational programs on the West Nile Virus and the control of the mosquito population.
- Developed new partnerships within the community to improve access to quality health care, revision and development of County ordinances governing restaurant inspections, regional environmental efforts and land development.
- Implemented a customer satisfaction survey in Fairfax County Public Schools that showed 92 percent satisfaction with student accessibility to health care services in school.
- Hosted an annual caregiver seminar and monthly support groups for caregivers to adults enrolled in an Adult Day Health Care Center.

FY 2002 Initiatives

- Redirect tuberculosis testing and education activities from low-risk to targeted high-risk segments of the community.
- Continue the transition from a medical services model to a public health based model including the incorporation of population-based services.
- Prepare a County Code for Board of Supervisors review to require the construction of radon resistant homes.
- Provide joint leadership, with INOVA Health System, in the Health Resources and Services Administration of the United States Department of Health and Human Services-funded Community Access Program to develop an infrastructure to ensure the availability of health care services to low-income uninsured patients.
- Provide comprehensive health care to Community Health Care Network patients through the primary care center and arrange medical specialty care. Due to an increased number of patients requiring referrals for medical specialty care, the Community Health Care Network will implement a Citizens' Campaign with volunteers to recruit specialists for the Community Health Care Network. In addition, 1/1.0 SYE Social Worker II will be added to arrange medical specialty care with one of the participating physician specialists if ordered by the health center primary care physician.
- Install a new laboratory information system to facilitate higher testing volumes and reduce overall dependence on contract laboratories.
- Increase involvement of families and caregivers in the Adult Day Health Centers through family members' and clients' participation in the development and annual review of care plans and through the provision of quarterly reports on clients' progress to families and caregivers.

Performance Measurement Results

The agency, as reflected in its mission, has two overarching goals: (1) protect the public health and environment and (2) assure access and availability of health services in the community. The services, activities and programs reflected in the 17 cost centers of the agency are guided by objectives that are directly tied to the goals, and, in most instances, are aligned with the Nation's Health Objectives for 2010. Each cost center has one or more Performance Measures based on outcomes, which reveal the value of the service to the community. The majority of performance measures were achieved in FY 2000 such as improved immunization rates, drug compliance rates for tuberculosis patients, improved customer satisfaction with clients served, and the ability to respond in a timely manner to complaints regarding community health and safety services.

Performance measures whose targets were not achieved were predominately impacted by external factors such as inclement weather or in-migration of people with communicable diseases.

Funding Adjustments

The following funding adjustments from the FY 2001 Revised Budget Plan are necessary to support the FY 2002 programs:

- An increase of \$337,589 for additional Clinic Room Aide hours to accommodate substantially increased workloads resulting from increased need and demand for medical services for students enrolled in the Fairfax County Public Schools. The Clinic Room Aides administer medications and attend to injured or ill students.
- An increase of \$220,000 for five additional Public Health Nurses II to improve the nurse to student ratio in the Fairfax County Public Schools from 1:3,069 in FY 2001 to 1:2,822 in FY 2002. The nurses assess students with special health conditions and develop plans and procedures to ensure a safe school experience.
- ♦ An increase of \$50,744 for a Community Health Educator to coordinate communications activities within the Health Department. The Community Health Educator will respond to information requests from print and electronic media and prepare health advisory media releases.
- An increase of \$48,425 for one additional Environmental Health Specialist II to provide inspection and enforcement capacity in the Blight Abatement Program. The Environmental Health Specialist will investigate general environmental hazards and property maintenance complaints such as malfunctioning plumbing facilities, rodent infestation, and improper storage and disposal of trash.
- An increase of \$42,372 for one additional Social Worker II to accommodate substantially increased workloads resulting from increased need and demand for medical services in the Community Health Care Network. The Social Worker arranges medical specialty care for patients with one of the participating physician specialists as ordered by the Community Health Care Network primary physician.
- ♦ A net increase of \$989,891 in Personnel Services primarily associated with salary adjustments necessary to support the County's compensation program.
- An increase of \$292,062 including \$89,400 for PC Replacement charges for annual contributions to the PC Replacement Reserve to provide timely replacement of aging and obsolete computer equipment, \$77,662 for Information Technology infrastructure charges based on the agency's historic usage and the Computer Equipment Replacement Fund (CERF) surcharge to provide for the timely replacement of the County's information technology infrastructure, and \$125,000 to supplement ongoing rabies prevention efforts.
- ♦ An increase of \$100,000 for language and cultural services in accordance with federal requirements for culturally and linguistically appropriate health care services.

- An increase of \$146,546 for both the County's Professional Development initiative, which provides a
 percentage of Personnel Services for training and development requirements, and certification and
 training previously funded in Agency 89, Employee Benefits.
- A net decrease of \$234,344 in Operating Expenses is primarily attributable to one time carryover of FY 2000 funding into FY 2001, partially offset by an increase for equipment in the agency replacement program that was previously considered as capital items.
- A decrease of \$1,442 in Recovered Costs is due to the FY 2002 projected salaries of recoverable positions.
- ♦ Capital Equipment funding of \$105,218 including \$87,998 for an agency-wide capital equipment replacement program and \$17,220 for a Blight Abatement program vehicle.

The following funding adjustments reflect all approved changes to the FY 2001 Revised Budget Plan since passage of the <u>FY 2001 Adopted Budget Plan</u>. Included are all adjustments made as part of the FY 2000 Carryover Review and all other approved changes through December 31, 2000:

- As part of the FY 2000 Carryover Review, a net increase of \$256,960 in Operating Expenses in unencumbered carryover.
- ♦ As part of the FY 2000 Carryover Review, a net increase of \$607,895 in encumbered carryover. Of this total, \$529,469 was in Operating Expenses and \$78,426 was in Capital Equipment.



Administrative and Support Services

Goal

To assure access to quality health care for citizens of Fairfax County and to protect the public's health.

Cost Center Summary									
	FY 2000	FY 2001 Adopted	FY 2001 Revised	FY 2002 Advertised	FY 2002 Adopted				
0-1		•			•				
Category	Actual	Budget Plan	Budget Plan	Budget Plan	Budget Plan				
Authorized Positions/Staff Years									
Regular	6/ 6	6/ 6	6/ 6	7/ 7	6/ 6				
Total Expenditures	\$771,802	\$856,401	\$1,073,581	\$1,157,623	\$1,161,434				

Objectives

 To improve overall health status and provide timely access to clinical services by reducing average patient time to 15 minutes.

		Current Estimate	Future Estimate		
Indicator	FY 1998 Actual	FY 1999 Actual	FY 2000 Estimate/Actual	FY 2001	FY 2002
Output:					
Walk in clinic visits ¹	50,565	56,882	57,000 / 63,560	80,000	82,000
Efficiency:					
Cost per visit ²	NA	\$12.16	\$12.20 / \$9.92	\$10.00	\$10.00

		Prior Year Actu	Current Estimate	Future Estimate	
Indicator	FY 1998 Actual	FY 1999 Actual	FY 2000 Estimate/Actual	FY 2001	FY 2002
Service Quality:					
Percentage of satisfied clients	NA	95%	95% / 97%	95%	95%
Outcome:					
Patient wait time per client visit	30 minutes	16 minutes	15 minutes / 18 minutes	15 minutes	15 minutes

¹ New Measurement for FY 2002.

² Increase anticipated in FY 2001 due to new vaccines for infants and requirement for Hepatitis B for school entry.



Dental Health Services

Goal

To complete preventive and restorative dental treatment in order to improve the health of low-income children through prevention and/or control of dental disease.

Cost Center Summary										
	FY 2000	FY 2001 Adopted	FY 2001 Revised	FY 2002 Advertised	FY 2002 Adopted					
Category	Actual	Budget Plan	Budget Plan	Budget Plan	Budget Plan					
Authorized Positions/Staff Years										
Regular	4/ 4	4/ 4	4/ 4	4/ 4	4/ 4					
Total Expenditures	\$432,642	\$433,722	\$466,294	\$439,953	\$443,680					

Objectives

• To complete preventative and restorative dental treatment for 80 percent of the children seen.

		Prior Year Actu	Current Estimate	Future Estimate	
Indicator	FY 1998 Actual	FY 1999 Actual	FY 2000 Estimate/Actual	FY 2001	FY 2002
Output:					
New patients seen	2,684	2,700	2,650 / 1,734	2,700	2,500
Total visits conducted	5,628	5,700	4,823 / 3,706	4,914	5,100
Efficiency:					
Cost per visit	\$71.64	\$68.48	\$90.06 / \$108.37	\$95.16	\$75.60
Net cost to County per visit	\$32.68	\$30.59	\$12.47 / \$21.90	\$21.90	\$21.10
Service Quality:					
Customer Satisfaction Index ¹	NA	93%	95% / 75%	80%	75%
Outcome:					
Percent of treatment completed	72%	63%	80% / 68%	80%	80%

¹ Implemented in FY 1999.



Environmental Health Services

Goal

To protect and improve the health and welfare of all persons in Fairfax County by preventing or eliminating their exposure to biological, chemical or physical hazards in their present or future environments.

Cost Center Summary										
Category	FY 2001 FY 2001 FY 2002 FY 2002 FY 2000 Adopted Revised Advertised Adopted Category Actual Budget Plan Budget Plan Budget Plan									
Authorized Positions/Staff Years										
Regular	62/62	62/62	62/62	63/63	62/62					
Total Expenditures	\$3,276,675	\$3,682,874	\$3,784,129	\$4,150,975	\$4,107,279					

Objectives

- ♦ To reduce the percentage of public establishments identified with critical violations to health, sanitation, and safety regulations by five percentage points from 75 percent to 70 percent.
- ♦ To increase the percentage of improperly installed well water supplies or malfunctioning sewage disposal systems, that pose the potential for waterborne or sewage borne diseases, that are corrected within 30-days; for sewage disposal systems by 3 percentage points from 85 percent to 88 percent and for water well supplies by 10 percentage points from 45 to 55 percent.
- To increase the percentage of complaints dealing with commercial and residential blighted properties; residential safe and sanitary property maintenance code violations; rat, cockroach, and other pest infestations; trash and garbage control and a variety of other general environmental public health and safety issues that are resolved within 60 days by 15 percentage points from 70 percent to 85 percent.

		Prior Year Actu	Current Estimate	Future Estimate	
Indicator	FY 1998 Actual	FY 1999 Actual	FY 2000 Estimate/Actual	FY 2001	FY 2002
Output:					
Services provided to public establishments	18,691	21,714	20,000 / 18,674	22,000	22,000
Regulated public establishments	3,786	3,784	3,800 / 3,658	3,800	3,800
Water well supply services	5,660	5,593	5,600 / 5,691	5,600	5,600
Sewage disposal system services	9,004	9,322	9,200 / 7,924	9,300	9,200
Community health and safety complaints investigated	3,074	3,081	2,400 / 3,682	3,800	4,000
Community health and safety services	7,855	10,110	9,000 / 11,653	12,160	12,800
Efficiency:					
Public establishments/EHS ratio ¹	344:1	223:1	224:1 / 215:1	224:1	224:1
Public establishment services / EHS ratio	1,699:1	1,277:1	1,294:1 / 1,098:1	1,294:1	1,294:1

	Prior Year Actuals			Current Estimate	Future Estimate
Indicator	FY 1998 Actual	FY 1999 Actual	FY 2000 Estimate/Actual	FY 2001	FY 2002
Water well services/EHS ratio	566:1	559:1	560:1 / 517:1	509:1	509:1
Sewage disposal system services / EHS ratio	900:1	932:1	930:1 / 720:1	836:1	836:1
Community health and safety complaints/EHS ratio	615:1	440:1	443:1 / 526:1	542:1	571:1
Community health and safety services / EHS ratio	1,571:1	1,444:1	1,500:1 / 1,655:1	1,737:1	1,828;1
Service Quality:					
Percent of regulated public establishments inspected	88.2%	99.9%	100.0% / 99.2%	100.0%	100.0%
Average number of inspections to correct out-of-compliance water well supplies	4.3	1.3	2.0 / 1.1	1.5	1.5
Average number of inspections to correct out-of-compliance sewage disposal systems	3.6	3.0	3.0 / 2.8	3.0	3.0
Percent of community health and safety complaints responded to within 3 days	70.0%	49.3%	85.0% / 52.0%	50.0%	48.0%
Outcome:					
Percent of public establishments out-of-compliance with health and safety regulations	74.8%	73.4%	80.0% / 70.9%	75.0%	70.0%
Percent of out-of-compliance water well supplies corrected within 30 days	30.3%	52.5%	55.0% / 40.0%	45.0%	55.0%
Percent of out-of-compliance sewage disposal systems corrected within 30 days Percentage of community health and safety complaints	86.4%	86.4%	88.0% / 81.6%	85.0%	88.0%
resolved within 60 days	59.3%	62.4%	65.0% / 59.0%	70.0%	85.0%

¹ Reduction in the number of facilities was due to the incorporation of a new database system for tracking establishment profiles and inspection information. The old database was "cleaned-up' before converting to the new software.



Family Planning Services

Goal

To provide pregnancy testing, counseling and referral in order to promote early identification and referral in an effort to improve pregnancy outcome.

Cost Center Summary										
Category	FY 2000 Actual	FY 2001 Adopted Budget Plan	FY 2001 Revised Budget Plan	FY 2002 Advertised Budget Plan	FY 2002 Adopted Budget Plan					
Authorized Positions/Staff Years										
Regular	5/ 5	5/ 5	5/ 5	5/ 5	5/ 5					
Total Expenditures	\$165,660	\$200,841	\$200,121	\$192,768	\$194,593					

Objectives

♦ To achieve a 87 percentage rate of at-risk pregnant women who obtain care and to improve rate of first trimester care by 2 percentage points from 66 percent to 68 percent toward a national goal of 90 percent by the year 2010.

		Prior Year Actu	Current Estimate	Future Estimate	
Indicator	FY 1998 Actual	FY 1999 Actual	FY 2000 Estimate/Actual	FY 2001	FY 2002
Output:					
Clients tested	3,035	3,160	3,100 / 3,870	3,900	3,900
Clients positive	2,218	2,382	2,250 / 2,795	2,800	2,800
Efficiency:					
Cost per client	\$72.00	\$74.17	\$72.00 / \$60.00	\$65.00	\$65.00
Per client cost to County	\$8.25	\$0.00	\$0.00 / \$0.00	\$0.00	\$0.00
Service Quality:					
Percent satisfied with service	NA	100%	95% / 97%	95%	95%
Outcome:					
Percent at-risk under care	87%	87%	87% / 86%	87%	87%
Percent under care first trimester	63%	65%	67% / 64%	66%	68%



General Medical Services

Goal

To ensure that the adults in the community experience a minimum of preventable illness, disability, and premature death and that health service utilization and costs attributable to chronic diseases/conditions will be reduced. In addition, improve access to medical care for low-income, uninsured residents of Fairfax County.

Cost Center Summary									
Category	FY 2000 Actual	FY 2001 Adopted Budget Plan	FY 2001 Revised Budget Plan	FY 2002 Advertised Budget Plan	FY 2002 Adopted Budget Plan				
Authorized Positions/Staff Ye	ears								
Regular	78/ 78	78/ 78	78/ 78	79/ 79	79/ 79				
Total Expenditures	\$12,627,748	\$12,637,676	\$12,791,986	\$13,168,473	\$13,212,339				

Objectives

- For the Community Health Care Network, to provide appropriate and timely access to primary health care for low-income, uninsured Fairfax County residents by increasing the number of patient visits by 2 percentage points.
- ♦ For the Communicable Disease Program, to participate in the national effort to reduce the incidence of tuberculosis to 7.0/100,000 toward the Healthy People 2010 Objective of 1.0/100,000 population; to reduce the incidence of sexually transmitted diseases and other preventable communicable diseases through prevention, early diagnosis and treatment.
- ◆ For the HIV/AIDS Program, to maintain the incidence of HIV to less than the Virginia rate of 12 cases per 100,000 population toward the final Healthy People 2010 Objective¹ through HIV education, counseling/testing, and the provision of care for HIV-positive Fairfax County residents.
- For the Dementia/Respite Program, to provide through contractual arrangements Bathing/Respite In-Home services for at least 200 adults living in Fairfax County. To provide through contractual arrangements the Saturday Center-Based Respite Program for 50 impaired adults living in Fairfax County. To evaluate clients and caregiver satisfaction and benefits from using these services by conducting a random monthly telephone survey and an annual survey on all clients. To assess services by conducting an annual Case Manager survey.
- For the Pre-Admission Medicaid Screening program, to increase access to Pre-Admission Screenings for Medicaid funded services for 285 adults with chronic conditions and disabilities. To conduct a client and caregiver satisfaction survey on all clients receiving services. To evaluate if at least 95 percent of the clients and caregivers were satisfied with the services they received by surveying all clients and caregivers. To assess if at least 95 percent of the clients and caregivers met their overall goals by surveying all the clients and caregivers.
- For the Speech Language program, to discharge 27 percent of the client base as corrected with no further follow-up needed.

	Prior Year Actuals			Current Estimate	Future Estimate
Indicator	FY 1998 Actual	FY 1999 Actual	FY 2000 Estimate/Actual	FY 2001	FY 2002
Output:	710100				
Community Health Care Network					
Primary care visits	44,687	44,263	48,000 / 42,231	49,000	48,000
Communicable Disease					
Rate of TB Disease/100,000 population ^{2,3}	8.1	8.3	NA / 8.2	8.0	8.0
Clients served in TB screening prevention and case management	14,603	16,769	14,000 / 17,121	16,000	16,000
Clients served in STD program	3,382	3,607	3,200 / 3,711	3,600	3,600
Communicable disease investigations	507	487	500 / 520	500	500
Adult immunizations given	18,493	18,884	18,000 / 21,065	21,000	21,000
HIV/AIDS					
Rate of HIV Infection/ 100,000 population ²	NA	NA	NA / 9.9	9.9	9.5
Clients receiving HIV outreach and education ⁴	30,568	30,001	30,000 / 23,203	30,000	30,000
HIV counseled and tested	4,234	4,235	4,200 / 3,839	4,000	4,000
HIV early intervention caseload	113	117	100 / 82	90	90
HIV symptomatic care ⁵	20	20	20 / 20	20	20
Adults with TB tested for HIV ^{3,6}	NA	NA	NA / 55%	75%	75%
Dementia/Respite Program					
Bathing/respite clients served per year	63	148	200 / 168	200	250
Center-based clients per year	33	43	50 / 46	50	50
In-home service hours	1,714	8,381	18,000 / 12,619	18,000	23,000
Center-based program service units	307	234	350 / 253	350	300
Pre-Admission Medicaid Screening					
Clients screened	268	269	278 / 281	285	285
Nursing Home	92	75	75 / 89	85	85
Personal Care	106	120	120 / 118	120	120
Adult Day Health Care	8	3	5 / 10	12	12
ADHC and Personal Care	26	27	27 / 22	23	23
Respite Care	0	1	3 / 1	5	5
PAS	0	3	5/6	5	5
Denials	36	40	35 / 35	35	35

	Prior Year Actuals			Current Estimate	Future Estimate
Indicator	FY 1998 Actual			FY 2001	FY 2002
Efficiency:	710000	710000			
Community Health Care Network					
Net cost to County per visit	\$144	\$144	\$142 / \$187	\$162	\$166
Communicable Disease	•	·		·	
Cost per client served	\$83	\$80	\$81 / \$77	\$80	\$80
Cost to County	\$16	\$22	\$23 / \$20	\$22	\$22
HIV/AIDS					
Cost per client outreach/ education ²	\$15	\$16	\$17 / \$21	\$21	\$21
Cost to County per client outreach/education	\$15	\$16	\$17 / \$21	\$21	\$21
Cost per client counseled and tested	\$39	\$23	\$24 / \$23	\$24	\$24
Cost per client early intervention	\$2,493	\$2,590	\$2,642 / \$1,843	\$2,000	\$2,000
Cost per client symptomatic care	\$4,500	\$4,640	\$4,640 / \$4,640	\$4,640	\$4,640
Dementia/Respite Program					
Cost of In-home services per client ²	\$1,843	\$1,794	\$1,545 / \$1,597	\$4,939	\$2,449
Net cost to County ²	\$1,818	\$1,620	\$1,370 / \$1,439	\$2,780	\$2,305
Pre-Admission Medicaid Screening					
Cost per client ^{7,8}	\$70	\$71	\$100 / \$140	\$138	\$138
Net cost per client to County ⁷	\$34	\$31	\$47 / \$89	\$87	\$87
Service Quality:					
Community Health Care Network					
Percent of clients satisfied with their care at health centers	97%	89%	97% / 95%	97%	98%
Percent of clients whose eligibility is determined on the first enrollment visit ³	50%	60%	NA / 61%	NA	65%
Communicable Disease					
Percent of cases reviewed meeting established guidelines	95%	95%	95% / 95%	95%	95%
Percent of clients satisfied with communicable disease program	N/A	94%	95% / 95%	95%	95%
HIV/AIDS					
Number and percent satisfied with prevention programs	4,902 (99%)	6,665 (98%)	95% / 6,335 (98%)	95%	95%
Number and percent satisfied with early intervention and continuing care	11 (100%)	8 (100%)	95% / 12 (100%)	95%	95%
Dementia/Respite Program					
Clients surveyed ³	NA	NA	NA / NA	100%	100%
Percent of clients/caregivers satisfied	94%	100%	95% / 97%	95%	95%

	Prior Year Actuals			Current Estimate	Future Estimate
Indicator	FY 1998 FY 1999 FY 2000 Actual Actual Estimate/Actual			FY 2001	FY 2002
Pre-Admission Medicaid Screening	7101001	7101441		2001	1 1 2002
Clients surveyed ³	NA	NA	NA / NA	100%	100%
Percent of clients/caregivers satisfied ³	NA	NA	NA / NA	90%	95%
Speech Language					
Percent of families surveyed who rate their therapy service as good or excellent	100%	100%	100% / 99%	100%	100%
Outcome:					
Community Health Care Network					
Percent increase in number of visits provided over the previous year	25.0%	1.0%	8.0% / 4.0%	2.0%	2.0%
Communicable Disease					
Number and Percent of TB cases discharged completing therapy	71 (98%)	56 (98%)	95% / 52 (100%)	95%	95%
Number and Percent of contacts and other high-risk persons with LTBI completing recommendations for preventive					
therapy ^{3,9}	NA	NA	NA / 69 (64%)	75%	75%
Percent of STD cases treated	1,608 (100%)	1,459 (100%)	NA / 1,500 (100%)	100%	100%
HIV/AIDS					
Percent positive receiving counseling and referral	29 (86%)	20 (95%)	90% / 43 (96%)	90%	90%
Percent of participants who meet program objectives.	NA	2,037 (31%)	90% / 6,252 (98%)	95%	95%
Dementia/Respite Program					
Percent of clients/caregivers who benefited from the program	93%	100%	95% / 97%	95%	95%
Percent of clients who reached goal ³	NA	NA	90% / 94%	90%	95%
Pre-Admission Medicaid Screening					
Percent of clients who met their goals ³	NA	NA	NA / NA	90%	95%
Speech Language					
Percent of clients discharged as corrected; no follow-up needed ³	NA	NA	NA / 25 (19.3%)	25%	27%

¹ Once HIV surveillance is implemented by 2001, the Centers for Disease Control (CDC) will be better able to establish a baseline objective.

 $^{^{\}rm 2}$ Rate(s) of TB and HIV infection are based on calendar year data, not fiscal year.

³ NA= Not Available, new performance indicator.

¹⁰ New performance measure indicated in FY 2000 to reflect the Healthy People 2010 objective.



Health Support Services

Goal

To provide quality-assured and timely public health laboratory services to the Health Department and other County agencies to assist them in carrying out their programs in the prevention of disease and in the enforcement of local ordinances, State laws, and Federal regulations.

Cost Center Summary									
FY 2001 FY 2001 FY 2002 FY 2002 FY 2000 Adopted Revised Advertised Adopted									
Category	Actual	Budget Plan	Budget Plan	Budget Plan	Budget Plan				
Authorized Positions/Staff Years									
Regular	15/ 15	15/ 15	15/ 15	15/ 15	15/ 15				
Total Expenditures	\$1,780,862	\$1,852,808	\$1,929,754	\$1,961,882	\$1,916,649				

Objectives

- ◆ To validate testing quality by maintaining a 98 percent average score on approved proficiency testing programs, toward a target of 100 percent, which already exceeds the accepted benchmark of 80 percent required for satisfactory performance by most regulatory agencies.
- ◆ To maintain the percentage of rabies tests involving human exposure that are completed within 24 hours (potentially saving citizens the expense of needless shots) at 90 percent for FY 2002, toward a target of 95 percent.¹

⁴ FY 2000 lower numbers reflect contractor service disruption and staff turnover.

⁵ Service contracted to INOVA Health System.

⁶ New performance measure initiated in FY 2001 to reflect Healthy People 2010 objectives.

⁷ Medicaid reimburses \$51.75 per screening. It is not expected to increase over the next two years.

⁸ Medicaid Billing.

⁹ Includes cases diagnosed elsewhere and treated in the Health Department.

¹ The average cost of a series of rabies post-exposure immunizations is approximately \$2,000. In FY 2000, 542 citizens received negative results within 24 hours, saving an estimated \$1,084,000 in medical costs.

Performance Indicators

Prior Year Actuals			Current Estimate	Future Estimate
FY 1998 Actual	FY 1999 Actual	FY 2000 Estimate/Actual	FY 2001	FY 2002
191,516	187,522	190,000 / 201,438	190,000	250,000
91,287	90,143	90,000 / 84,679	90,000	90,000
1,029	688	800 / 823	800	800
\$1.83	\$2.11	\$2.16 / \$1.52	\$1.90	\$1.52
14,211	15,256	14,070 / 15,898	14,009	16,425
\$26.77	\$45.95	\$42.00 / \$41.65	\$44.36	\$44.36
98.0%	98.2%	98.0% / 99.8%	98.0%	98.0%
92.0%	85.0%	90.0% / 89.0%	90.0%	95.0%
02.070	33.370	00.0707 00.070	00.070	00.070
100%	100%	100% /100%	100%	100%
Q19/	85°/	00% / 80%	90%	90%
	\$1.83 14,211 \$26.77	Actual Actual 191,516 187,522 91,287 90,143 1,029 688 \$1.83 \$2.11 14,211 15,256 \$26.77 \$45.95 98.0% 98.2% 92.0% 85.0% 100% 100%	Actual Actual Estimate/Actual 191,516 187,522 190,000 / 201,438 91,287 90,143 90,000 / 84,679 1,029 688 800 / 823 \$1.83 \$2.11 \$2.16 / \$1.52 14,211 15,256 14,070 / 15,898 \$26.77 \$45.95 \$42.00 / \$41.65 98.0% 98.2% 98.0% / 99.8% 92.0% 85.0% 90.0% / 89.0% 100% 100% / 100%	FY 1998 Actual FY 1999 Estimate/Actual FY 2001 191,516 187,522 190,000 / 201,438 190,000 91,287 90,143 90,000 / 84,679 90,000 1,029 688 800 / 823 800 \$1.83 \$2.11 \$2.16 / \$1.52 \$1.90 14,211 15,256 14,070 / 15,898 14,009 \$26.77 \$45.95 \$42.00 / \$41.65 \$44.36 98.0% 98.2% 98.0% / 99.8% 98.0% 92.0% 85.0% 90.0% / 89.0% 90.0% 100% 100% 100% / 100% 100%



Maternal and Child Health Services

Goal

To provide maternity, infant, and child health care emphasizing preventative services to achieve optimum health, and well being.

Cost Center Summary								
	FY 2000	FY 2001 Adopted	FY 2001 Revised	FY 2002 Advertised	FY 2002 Adopted			
Category	Actual	Budget Plan	Budget Plan	Budget Plan	Budget Plan			
Authorized Positions/Staff Years								
Regular	140/ 137.7	147/ 144.7	147/ 144.7	152/ 149.7	147/ 144.7			
Total Expenditures	\$7,654,473	\$9,007,244	\$8,544,758	\$9,683,474	\$9,504,122			

Objectives

- ◆ To improve the immunization rate of children served by the Health Department by 7 percentage points, from 83 percent to 90 percent, which is the Healthy People 2010 goal.
- ◆ To improve the Immunization Outreach program, completion rate for children in Fairfax County by 7 percentage points, from 83 percent to 90 percent, which is the Healthy People 2010 goal.

- ♦ To reduce incidence of low birth weight for Health Department clients by 0.2 percentage points from 5.4 percent to 5.2 percent for an overall rate and by 0.5 percentage points from 6.2 percent to 5.7 percent for at risk mothers toward a target of 5.0 percent which is the Healthy People 2010 goal.
- To maintain the percent of students with identified health needs who have health plans in place by the end of October at 99 percent.
- ♦ To maintain Women, Infant, and Children's (WIC) participation at 88 percent which is above the State standard.

		Prior Year Ac	tuals	Current	Future
Indicator	FY 1998 Actual	FY 1999 Actual	FY 2000 Estimate/Actual	Estimate FY 2001	Estimate FY 2002
Output:		7.10.10.10.1			
<u>Immunizations</u>					
Children seen ¹	21,200	17,624	18,000 / 18,194	29,000	29,000
Vaccines given ¹	41,512	37,803	38,000 / 42,128	65,000	65,000
Immunization Outreach					
Persons reached ²	9,800	10,000	10,000 / 10,000	10,000	10,000
<u>Maternity</u>					
Pregnant women served	1,919	2,026	2,000 / 2,060	2,070	2,070
School Health					
Students	155,490	150,497	152,514 / 155,224	153,479	158,000
Assessments ³	123,458	102,249	103,000 / 108,489	109,000	109,000
Students with identified health needs who have plans in place within 40 days (end of October) ⁴ Students with identified health	NA	24,488	25,000 / 31,907	31,000	31,500
needs who have plans in place by year end ⁴	NA	33,335	34,000 / 31,955	32,100	32,500
WIC					
Caseload	11,492	12,661	11,600 / 12,587	13,500	13,500
Participation	10,207	11,234	10,400 / 11,260	11,570	11,570
Efficiency:					
<u>Immunizations</u>					
Cost per visit ⁵	\$94	\$125	\$130 / \$123	\$77	\$77
Cost per client to County⁵	\$51	\$64	\$65 / \$62	\$39	\$39
Cost per vaccine⁵	\$48	\$59	\$60 / \$53	\$34	\$34
Cost per vaccine to County⁵	\$26	\$29	\$31 / \$27	\$17	\$17
Immunization Outreach					
Cost per number reached	\$7	\$7	\$7 / \$7	\$7	\$7
Cost to County per number reached (100% Grant Funded)	\$0	\$0	\$0 / \$0	\$0	\$0
<u>Maternity</u>					
Cost per client served ⁶	\$1,188	\$1,310	\$1,300 / \$1,322	\$1,375	\$1,400
Cost per client to the County ⁶	\$428	\$568	\$570 / \$605	\$610	\$615

		Prior Year Ac	tuals	Current	Future
Indicator	FY 1998 Actual	FY 1999 Actual	FY 2000 Estimate/Actual	Estimate FY 2001	Estimate FY 2002
School Health					
Cost per student assessed8	\$14.26	\$24.87	\$26.97 / \$24.00	\$26.00	\$26.00
<u>wic</u>					
Cost per client ⁹	\$84.00	\$84.00	\$84.00 / \$84.00	\$84.00	\$84.00
Cost per participant to County (100% grant funded)	\$0.00	\$0.00	\$0.00 / \$0.00	\$0.00	\$0.00
Service Quality:					
<u>Immunizations</u>					
Percent satisfied with service	NA	95%	95% / 97%	97%	97%
Immunization Outreach					
Percent of persons who gained knowledge from presentations, puppet show, etc.	NA	95%	95% / 95%	95%	95%
School Health					
Percent of families satisfied with service ^{4, 10}	NA	NA	75% / 99%	98%	98%
<u>WIC</u>					
Percent of clients satisfied with service	94%	94%	90% / 94%	90%	90%
Outcome:					
<u>Immunizations</u>					
Two-year-old completion rate	81%	74%	80% / 81%	83%	90%
Immunization Outreach					
Two-year-old completion rate	76%	81%	85% / 81%	83%	90%
<u>Maternity</u>					
Overall low birthweight	5.6%	5.2%	5.0% / 5.6%	5.4%	5.2%
Low birthweight to at risk mothers	8.3%	8.3%	9.0% / 6.7%	6.2%	5.7%
School Health					
Percent of students with identified health needs who are assessed and have health plans in place within 40 days (end of October) ⁴	NA	73%	74% / 99%	99%	99%
<u>WIC</u>					
Percent participation	90%	89%	90% / 88%	88%	88%

¹ Increase due to new vaccines for infants and requirement for Hepatitis B for school entry.

² Number includes flyers sent, presentations, puppet shows, articles in magazines, letters to parents, and translation services to Spanish speaking.

³ Data collection revised for greater specificity.

⁴ Data not previously collected.

⁵ Utilization of new cost efficiency spreadsheet includes positions and overhead not included in FY99 calculations. Note: CDC information states for every dollar spent the following is saved in future medical costs: MMR - \$16.34, DTP - \$6.21; Chickenpox -

Utilization of new cost efficiency spreadsheet includes positions and overhead not included in FY99 calculations.
 Increase in cost due to reallocation of State revenue to other Health Department cost centers resulting in a decrease for Maternal-Child Health.

¹⁰ Includes operational expenses (these were not included in the past).



Clinic Room Aides

Goal

To maximize the health potential of school age children by providing health support services in the school setting in cooperation with the Public Health Nurse.

Cost Center Summary									
Category	FY 2000 Actual	FY 2001 Adopted Budget Plan	FY 2001 Revised Budget Plan	FY 2002 Advertised Budget Plan	FY 2002 Adopted Budget Plan				
Authorized Positions/Staff Years									
Regular	184/ 104.08	184/ 104.08	184/ 114.56	184/ 114.56	184/ 114.56				
Total Expenditures	\$3,324,014	\$3,690,690	\$3,950,938	\$3,931,453	\$3,970,674				

Objectives

• To maintain the number of students receiving health support from Clinic Room Aides at 99.0 percent.

	Prior Year Actuals			Current Estimate	Future Estimate
Indicator	FY 1998 Actual	FY 1999 Actual	FY 2000 Estimate/Actual	FY 2001	FY 2002
Output:					
Visits sick/injured/medications by CRA	1,333,216	1,319,204	1,326,000 / 1,369,942	1,370,000	1,370,000
Visits sick/injured/medications addressed by FCPS staff	59,765	45,597	25,000 / 49,777	49,000	48,000
Efficiency:					
Cost per visit by CRA	\$2.13	\$2.83	\$3.35 / \$2.97	\$3.50	\$3.50
Service Quality:					
Percent of FCPS staff satisfied with service	NA	NA	75% / 95%	96%	97%
Percent of patients satisfied with services	NA	NA	70% / 99%	98%	98%
Outcome:					
Percent of students receiving health support from CRA's	96.0%	96.0%	97.0% / 99.0%	99.0%	99.0%

⁸ Includes operational expenses (these were not included in the past).

⁹ National data indicates that for every WIC dollar spent for WIC, \$2.90 is saved in future Medicaid costs.



Adult Day Health Care Centers

Goal

To provide adults with disabilities a comprehensive day program designed to assist individuals to remain in the community, to obtain a maximum level of health, to prevent or delay further disabilities, and to provide respite for family members/caregivers.

Cost Center Summary									
Category	FY 2000 Actual	FY 2001 Adopted Budget Plan	FY 2001 Revised Budget Plan	FY 2002 Advertised Budget Plan	FY 2002 Adopted Budget Plan				
Authorized Positions/Staff Years									
Regular	35/ 35	44/ 44	44/ 44	44/ 44	44/ 44				
Total Expenditures	\$1,372,146	\$1,673,481	\$1,668,223	\$1,892,072	\$1,909,193				

Objectives

- ♦ To provide yearly adult day health care service for 376 adults with disabilities living in Fairfax County, Falls Church, and Fairfax City.
- ♦ To provide yearly adult day health care services to 138 participants per day.
- To conduct annual caregiver satisfaction survey on all current participants and survey all discharged participants within one month of discharge to maintain a 100 percent satisfaction level.

	Prior Year Actuals			Current Estimate	Future Estimate
Indicator	FY 1998 Actual	FY 1999 Actual	FY 2000 Estimate/Actual	FY 2001	FY 2002
Output:					
Clients served per day	104	102	112 / 100	121	138
Clients per year	281	287	312 / 284	331	376
Operating days	245	245	245 / 249	249	249
Clients surveyed	204	177	184 / 168	200	235
Efficiency:					
Cost of service per client per day	\$48.00	\$51.00	\$51.00 / \$55.00	\$55.00	\$52.00
Net cost per client to the County	\$23.00	\$24.00	\$24.00 / \$28.00	\$29.00	\$26.00
Service Quality:					
Percent of clients/caregivers satisfied with service	NA	100%	100% / 100%	100%	100%
Percent of clients to receive assessments ¹	NA	NA	NA / NA	100%	100%
Percent of participants to receive quarterly reports ¹	NA	NA	NA / NA	100%	100%
Outcome:					
Percent of clients who indicated benefits from the program	90%	92%	95% / 95%	95%	96%
Percent of caregivers who indicated benefits from the program	NA	NA	90% / 95%	95%	96%

¹ New Measurement for FY 2001



Air Pollution Control

Goal

To produce the highest quality air pollution data for the public, government agencies, and other interested parties which are used to make meaningful decisions regarding the effectiveness of air pollution regulations and progress toward meeting ambient air quality standards in order to protect the health and welfare of Fairfax County citizens.

Cost Center Summary									
Category	FY 2000 Actual	FY 2001 Adopted Budget Plan	FY 2001 Revised Budget Plan	FY 2002 Advertised Budget Plan	FY 2002 Adopted Budget Plan				
Authorized Positions/Staff Years									
Regular	6/6	6/ 6	6/ 6	6/6	6/ 6				
Total Expenditures	\$311,564	\$288,423	\$275,409	\$315,991	\$318,337				

Objectives

◆ To maintain the monitoring index at 95 percent or better.

		Prior Year Act	Current Estimate	Future Estimate	
Indicator	FY 1998 Actual	FY 1999 Actual	FY 2000 Estimate/Actual	FY 2001	FY 2002
Output:					
Measurements made	349,601	335,605	344,183 / 334,248	337,269	337,269
Efficiency:					
Average cost per measurement	\$0.65	\$0.93	\$0.79 / \$0.74	\$0.79	\$0.79
Service Quality:					
Data accuracy ¹	3.6	3.5	5.0 / 3.3	5.0	5.0
Outcome:					
Monitoring index ²	94.4%	93.4%	95.0% / 96.1%	95.0%	95.0%

¹ Data accuracy service quality indicator is a quantitative evaluation of the quality of the air pollution data produced. It is an average of all single point calibrations done without regard to a specific pollutant. A calibration is the process of establishing a relationship between the output of a measurement process and a known input. Due to random variation inherent in measurement and calibration, the difference between the output of a measurement process and a known input is usually not zero. Therefore, a service quality indicator at or below five percent is considered high quality data.

² The monitoring index is a measure of how effectively the air quality monitoring program accomplished E.P.A. quality assurance requirements. A high monitoring index provides assurance that the work prescribed for the air-quality monitoring program has been conducted properly. Therefore, a high monitoring index and a low data accuracy service quality indicator implies high quality data from which meaningful decisions can be made regarding the abatement of air pollution.